

# **Exhibit A**

A REGION

DEFENSE LITIGATION LAW FIRM

**MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN**

A PROFESSIONAL CORPORATION

www.marshalldennehey.com

1220 N. Market St., 5th Floor, P.O. Box 8888 • Wilmington, DE 19899-8888  
 (302) 552-4300 • Fax (302) 651-7905

PENNSYLVANIA  
 Bethlehem  
 Doylestown  
 Erie  
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 Newtown Square  
 Norristown  
 Philadelphia  
 Pittsburgh  
 Scranton  
 Williamsport

NEW JERSEY  
 Cherry Hill  
 Roseland

DELAWARE  
 Wilmington

OHIO  
 Akron

FLORIDA  
 Ft. Lauderdale  
 Orlando  
 Tampa



June 14, 2004

**BY CERTIFIED MAIL**

Erik C. Grandell, Esquire  
 1020 W. 18th Street  
 Suite 2  
 P.O. Box 2207  
 Wilmington, DE 19802

Re: Marlayna Tillman v. Pepsi Bottling Group  
 Our File No.: 06175-00465  
 IAB Hearing No.: 1242671  
 DOL: 11/06/03

Dear Mr. Grandell:

Enclosed please find Sedgwick CMS check number 0005552016 in the amount of \$4,934.99 payable to Marlayna Tillman. This check compensates your client for 11/06/03 through 4/18/04. Acceptance of this check represents acknowledgement of payment in full pursuant to the settlement in this case. Also enclosed is check number 0005552020 in the amount of \$3,790.29 for attorney fees.

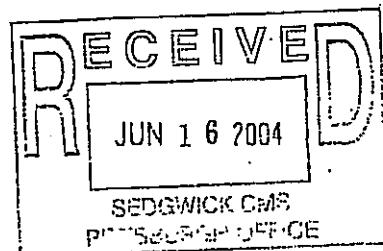
Please direct your client to execute and return the enclosed Agreements and Receipts for Temporary Total Disability. Upon receipt of the executed documents we will file them with the Board. If you have any questions please do not hesitate to call. Thank you.

Very truly yours,  
  
 Erika Conde  
 Paralegal

/ec

Enclosures

cc: Christine Miller, Sedgwick Ins.  
 Claim No. A364618584



Sedgwick Claims Management Services, Inc  
 600 GRANT STREET  
 USX TOWER, STE 2944  
 PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	4,934.29	0005552016

PAYEE	TAX ID
MARLAYNA TILLMAN	

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services	001

\*000016 0005552016 001 OF 001 OPM 040610 1426  
 Marshall, Dennehey, Warner, Coleman & Go  
 Attn: Christine O'Connor  
 1220 N. Market St. 5th fl PO Box 8888  
 Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G. Amt Paid: 4934.29 Dates: 11/06/2003 - 04/18/2004	11/06/2003	A364618584-0001-01 Description: Lump Sum-Temporary Disability Comment: Disability bfts owed	

RECEIVED  
 JUN 16 2004  
 SEDGWICK CMS  
 PITTSBURGH OFFICE

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED HONORO. DO NOT SIGN IF THE WORD VOID IS VISIBLE

E1991.FRM (02-28-0)

Sedgwick Claims Management Services, Inc. PAYMENT DATE: 06/11/2004 CHECKING NUMBER: 0005552016  
 on behalf of Pepsi Bottling Group 646/BSG 06/11/2004 0005552016

DO NOT PAY ONLY FOUR ONE HUNDRED EIGHTY THREE FOUR AND 29/100 DOLLARS \$4934.29

TO: MARLAYNA TILLMAN

ORDER OF PAYMENT  
 First Union Bank of Delaware  
 Wilmington, DE

VOID AFTER 60 DAYS

*Daniel W. Brubaker*

DOCUMENT CONTAINS A TRUE COPY/FAKE. DO NOT CASH IN THE VOUCHER MADE IN THIS VEHICLE. USE HONORO SIDE FOR COMBINATION SECURITY

00005552016 103110022512079950059703

Sedgwick Claims Management Services, Inc  
 600 GRANT STREET  
 USX TOWER, STE 2944  
 PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	3,790.29	0005552020
PAYEE	TAX ID	
BEVERLY L BOVE	510370163	

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services	001

\*000016 0005552020 001 OF 001 OPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go  
 1220 N. Market St., 5th fl. PO Box 8888  
 Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G. Amt Paid: 3790.29 Amt Billed: 3790.29 Dates: 11/06/2003 - 04/18/2004	11/06/2003	A364618584-0001-01 Description: Claimant Legal Expense (Indemnity) Invoice: ICN: A364618584000101 Comment: Atty fee's for Malayna Tillman	



000055520201003110022502079950059703

CASE FILE NO. 1242671  
CARRIER FILE NO. A364618584

STATE OF DELAWARE  
OFFICE OF WORKERS' COMPENSATION  
AGREEMENT AS TO COMPENSATION

Employee MARLAYNA TILLMAN  
Address P.O. BOX 688  
CLAYMONT, DE 19802

Employer PEPSI BOTTLING GROUP  
Address 3501 GOVERNOR PRINTZ  
BELLEFONTE, DE 19809

Insurance Carrier/Self-insurer SEDGWICK CMS  
Address US STEEL TOWER  
600 GRANT STREET, SUITE# 2944  
PITTSBURG, PA 15219

Third party Adjuster \_\_\_\_\_  
Address \_\_\_\_\_

The above have reached an agreement in regard to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto:

Date of Injury 11/06/03 Date Disability Began 11/06/03  
Cause/Place of Accident SEE FIRST REPORT OF INJURY  
Nature/Part of Body RIGHT KNEE & CALF  
Probable Length of Disability (if known) 11/06/03 - 4/18/04

The terms of this agreement under the above facts are as follows:

This agreement is for (check all that apply)  Total Disability  Temporary Partial Disability  
 Permanent Partial Disability  Disfigurement  Commutation  Medical Only  
 Salary In Lieu of Workers' Compensation

\*\*\* LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED\*\*\*

That the said MARLAYNA TILLMAN shall receive compensation at the rate of \$440.00 per week based upon an average weekly wage of \$660.00 and that said compensation shall be payable weekly bi-weekly  LUMP SUM monthly other (specify) from and including the 6th of NOVEMBER 2003 until APRIL 18, 2004.

BENEFITS FOR TOTAL/PARTIAL DISABILITY, (LOST WAGES) SHALL REQUIRE YOU TO ADVISE THE NAMED CARRIER/SELF-INSURED/THIRD PARTY ADJUSTER OF ANY CHANGE IN EMPLOYMENT STATUS AND/OR DISABILITY. FAILURE TO NOTIFY A CHANGE OF STATUS IS PUNISHABLE PURSUANT TO TITLE 18, DELAWARE CODE, CHAPTER 24, AND/OR TITLE 11 DELAWARE CODE, SECTION 913.

Witness \_\_\_\_\_  
(signature)

Employee \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_

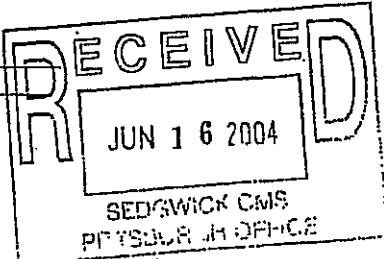
Adjuster/Attorney \_\_\_\_\_  
(signature)

Phone Number \_\_\_\_\_  
Date of Agreement \_\_\_\_\_

For Accounting Use Only:

Approved by: \_\_\_\_\_

Date of Approval: \_\_\_\_\_



CASE FILE NO.1242671  
CARRIER FILE NO. A364618584

STATE OF DELAWARE  
OFFICE OF WORKERS' COMPENSATION  
RECEIPT FOR COMPENSATION PAID

DATE: June 14, 2004

Received of SEDGWICK CMS the sum of \$12,634.29\*, making in all the total sum of \$12,634.29 in settlement of compensation due for the TEMPORARY TOTAL \* disability of MARLAYNA TILLMAN, which began on 11/06/03, and terminated on 4/18/04.

\*28.71 weeks of benefits at a compensation rate of \$ 440.00  
\*\*\* LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED\*\*\*  
\*\* RIGHT KNEE & CALF

Employee Signature

Address:

Your signature on this receipt will terminate your rights to receive the workers' compensation benefits specified above on the date indicated. This form is not a release of the employer's or of the insurance carrier's workers' compensation liability. It is merely a receipt of compensation paid. The claimant has the right within five years after the date of the last payment to petition the Office of Workers' Compensation for additional benefits.

